



Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



Request to Cancel Current Pre-Member and/or Military Service Payroll Deductions

This form is to be used only by members who are currently paying for pre-member and/or military service through payroll deductions. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Which type of payroll deductions do you wish to cancel? (check one or both):

Pre-Member Service -And/Or- Military Service

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()
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First Name	M.I.	Last Name
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Address	Apt. Number
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City	State	Zip Code
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Title

Please discontinue my current payroll deductions in connection with my claim to purchase pre-member and/or military service. I understand that I am not entitled to a refund of any monies that have already been deducted from my paycheck prior to NYCERS' receipt of this request, but would instead receive the equivalent service credit based on deductions taken before the effective cancellation date.

I understand that I could reapply to purchase the unpaid portion of my pre-member and/or military service at any time prior to my retirement or termination from City service and that a new cost would be determined at that time.

Signature of Member	Date
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This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE